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(R	equestor's Name)	•
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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•	•	,
(D	ocument Number)	•
ertified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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08/07/17--01040--017 **25.00

D. SCOTT

AUG 8 2017

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Line	Pue Sus L, ited Liability Company	<u>LC_</u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	18001	Trutt	
		Name of Person	
	Barbega	rim/Company	C
	5615 8	MAJOR B/W	#122
	Orlando,	Address 4/ 3.28/	2
	Brogen address: (City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	cation)
For further information of	oncerning this matter, please ca	all:	
1/8 (C Q)	f Person	at (407) 575 Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
2) \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1

the D	arbe.	Quet Sus		で <u>:</u> :
/ (Name of the Limi	ted Liability Com (A Florida Limite	pany as it now appears (d Liability Company)	on our records.)	
The Articles of Organization for this Limited L	iability Compar	ıy were filed on	<u>//20//b</u>	and assigned
Florida document number <u> </u>	97835	,		
This amendment is submitted to amend the foll	owing:			5.°
A. If amending name, enter the new name o	f the limited lia	ability company here	:	
	I of ' '. I 1 '	VP. O. BALL	d milion at 1	l :: W. I. C.N
he new name must be distinguishable and contain the v			\cap	breviation "L.E.C.
Enter new principal offices address, if applic		Dar 100	gue Bus	<u> </u>
<u>Principal office address MUST BE A STREE</u>	ET ADDRESS)	Orlan	lo 7)	328/9
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	BOX)	POBE	2 6/623	1LC 39 32861
3. If amending the registered agent and registered agent and/or the new registered o			our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Ker	4 DE	uitt	
New Registered Office Address:	561	5 m	jor B	lud #122
	Orlo	Enter Florida City	a strbet address , Florida	32 8 Pg Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Aut	thorized Member		
Title Mg-	Name Jerry Drust	Address 5815 Mayor Blut Orlando, 4/ 32819	<u>Type of Action</u> #-/2_2 ⊕ Add
)		Orlando, 4/ 32819	Remove
			Change
<u>M. –</u>	Jay Birtel	206 9) Beverly AU TAMPA 7/ 33689	□ Add
,		TAMPA 7/ 33689	Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Add
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_	formation, enter change(s) here: (Attach additional sheets, if necessary.)
Dew O	Winzer -
	Terry Prytt
	5615 Mgjor Blud #122
	Onlarde 71 32819
	,
1 -12/5	Jan Rickel
XEDIOVE-	
 	200 9 Beverly AUE
	-/ampa -/ 33609
 	
	
Note: If the date inserted in	an the date of filing:
e record specifies a de The 90th day after th	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of second is filed.
Pated $8/3$	2017.
4	Musical usces
	Signature of a member or authorized representative of a member
1 6 00	
- / Coll	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00